

STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Employment Security
Appeals Operations
220 French Landing Drive
Nashville, Tennessee 37243



Telephone: (615) 741-1857
Facsimile: (615) 741-8933

Request to Withdraw Appeal

Claimant's Social Security Number _____ Docket Number _____

Claimant's Name _____ Employer's Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Claimant's Telephone _____ Employer's Telephone _____

I am the: ☐ claimant ☐ employer.

Please withdraw my appeal. I do not wish to pursue this appeal further because _____

(optional)

Date _____

Signature _____

Title _____
(if employer)